

RIGHTS AND RESPONSIBILITIES

Name: _____

Rights and Responsibilities

I will give information to WIC that is true and correct to the best of my knowledge.

I have the right to be treated with respect and will treat WIC and store staff with respect.

I have the right to make a complaint if I feel I have been treated unfairly.

I have the right to disagree with WIC staff regarding my eligibility by asking for a fair hearing.

I will use my WIC checks correctly.

Consent

I will allow WIC staff to take height and weight measurements.

I will allow WIC staff to do a finger or toe prick for a blood sample to check for iron.

I understand the deemed consent for HIV or Hepatitis B or C exposure as it has been explained to me.

Release of Information

I will allow WIC staff to share information about me or my child's health and/or WIC participation with:

1. other health care providers,
2. other programs to find out if I am eligible, and/or
3. other WIC clinics if I move.

I have read my rights and responsibilities. I understand that WIC is a Federal program and if I lie or hide facts to get WIC benefits, I may be taken off the Program and prosecuted under State and Federal law.

WIC is an Equal Opportunity Program. If you think you have been treated badly because of your race, color, national origin, age, sex, or disability, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

White copy: Local Agency
WIC-310 - Rev. 2/97

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

Yellow copy: Participant